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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations								
SUBJECT: MMS Ristoration Services LLC								
SUBJECT: MMS Restocation Services LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
3	<u> </u>							
Stroken A. Smith								
Stephen A. Smith Name of Person								
MMS Ristoration Solvius 1	6.6							
MMS Restoration Services, A								
2561 Sw 3rd Ave								
2561 Sw 3rd Ave. Address								
Okerhober FL 34974								
Okeechobee FL 34974 City/State and Zip Code								
Sasmith 270 g hot meil. com E-mail address: (to be used for future annual repo								
is-mail address: (to be used for future annual repo	ort notification)							
For further information concerning this matter, please	call:							
Stephen A. Smith at (863) 634 - 7234							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Tananassee, Florida 52501								
Enclosed is a check for the following amount:								
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1.	Na	me of the limited liability company: MMS Rest	oratio	a Secu	ice, L66	<u>-</u>		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) OKeechobee FL 34974	(b) 2561 Sw 3rd Ave. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
 3. 5. 	(a)	Date of filing/registration in Florida (Vo: 1.) States Cocporation Ass			<i>OOO 19 O</i> Document nui			
		Registered Agent and Registered Office shown on the records of the 13302 Windows Oak Court Registered Office Address (MUST BE FLORIDA STREET AD A Tampa .FL Stephen A. Smith Enter name of NEW Registered Agent and/or NEW Registered O	ODRESS)	/2		- ⁴,,	7919 SEP 16 MILIO: 09	
the age was	cha ent w s/wc	NEW Registered Office Address: Okec. L. be.c FL_ mited liability company is not organized under the laws nge or changes are made, the Florida street address of the relational control of the members of cles of organization or the operating agreement of the limited liability of the operating agreement of the limited liability of the members of cless of organization or the operating agreement of the limited liability of the limited liability.	34 s of the S ne registe ility comthe limite	tate of Flo red office pany, it is	and the busin hereby confir company or a	ess officermed that	of the re	egistered ge(s)
I h pro the	ignat erel ovision obli nere	nite of a member or authorized representative of a member ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided of the reflect a change in the registered office address, I he I in writing of this change.	e to act in	St.pl n this capa ace of my a	Printed or typed	r agree to m familia	comply r with an	d accept